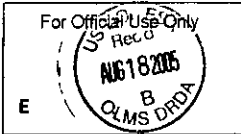


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



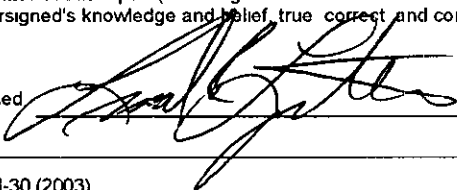
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 9743	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name LEONARD LEGOTTE P.O. Box Bldg Room No., if any Street 47-24 27TH Street City Long Island City State New York ZIP Code + 4 11101	4 Name, file number and address of labor organization Name Local NO 1 Elevator Constrs Union of NY Labor Organization File Number 032-415 P.O. Box Building and Room Number, if any Street 47-24 27TH Street City Long Island City State New York ZIP Code + 4 11101
5 Position in labor organization VICE PRESIDENT/BUSINESS AGENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O. Box, Bldg, Room No., if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions)		
Signed 	On 8/11/05 Date	718-767-7004 Telephone Number

Name of Person Filing LEONARD LEGOTTE	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Elevator Constrs Union Lu NO. 1 Annuity Trade Name, if any P O Box, Bldg, Room No if any Street 2185 Lemoine Avenue City Fort Lee State New Jersey ZIP Code + 4 07024	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing See attached. 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Reimbursement of expenses related to a conference/ seminar from March 31 to April 2, 2004. 12 b Amount \$923

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment

LM-30 Attachment

Name Leonard Legotte
LM-30 File Number To be assigned

Ending date of report period 12/31/04

LM-30 Items
Number

- 8, Per direction provided by U S DOL OLMS, Part B includes reporting of transaction(s)
9, including reimbursement of valid expenses by a trust in which the labor organization is
11a interested as though the trust was a business This guidance provides a trust's dealings with
and, a labor organization include the trust's receiving contributions from employers obligated to
11b fund the trust per collective bargaining agreements negotiated by the labor organization
While the guidance is unclear, other transactions may also be deemed to constitute dealings
with the labor organization, trusts, or employers reportable in 11b Accordingly, the plan is
listed here as though it is a business that has dealings with the labor organization, but no
amount is reported in 11b and the total amount of all such dealings is not ascertainable Also
note, the DOL software for preparing Form LM-30 does not permit, in part B item 9,
selecting more than one answer